

EXAMPLE

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

1. NAME OF CLAIMANT (Last, First, Middle Initial) JAMES, JESSICA D., CAPT		3. PICK-UP DATE (YYYYMMDD) 20020108	
2. CLAIMANT'S INSURANCE COMPANY (If applicable) USAA		4. DELIVERY DATE (YYYYMMDD) 200020309	
a. NAME USAA		b. POLICY NO. 0112233-4	
14. ORIGIN CONTRACTOR			
17. 2ND CONTRACTOR			
21. CLAIM NUMBER			
22. NET WTM/MAX CAR			

5.	6.	7. LOST OR DAMAGED ITEMS	8.	9. ORIGINAL COST	10. INVENTORY PURCHASED	11. AMOUNT CLAIMED a. Repair b. Replace- ment Cost
1	1	SOLID OAK (12") SCHRANK W/GLASS DOORS, BRASS HANDLES Back Section knocked off	27	2500.00	2280.00	04/99
2	1	SEARS HEAVY DUTY WASHER, MODEL # XYZ, 6 CYCLES Top right side dented	62	499.00	40.00	LOV
3	1	PANASONIC VCR, MODEL # ABCD123, 4-HEAD, HI-FI STEREO Eats Tapes	10	575.00	125.00	09/00
4	2	BRASS PLATED END TABLES Brass clipped all over One has broken leg	12	125.00	200.00	04/98
5	2	60" X 40" PICTURE FRAMES Glass Broken and frames pulled apart	35	60.00	120.00	05/01
6	1	HUMMEL "BOY FISHING" PACKED IN LINEN CARTON --- MISSING	99	157.00	195.00	11/97
7		ESTIMATE FEE - FURNITURE			35.00	
8		ESTIMATE FEE - VCR			21.00	
12. REMARKS		13. TOTAL		\$		1016.00

DO NOT WRITE PAST THIS LINE

Needs written repair estimate. Please provide size of schrank.

This claimant is willing to accept \$40 Loss of Value (LOV) for the dent as it does not hinder the washing function. No estimate is necessary. LOV may be requested up to \$100.

Items with no external damage that "do not work" MUST have an estimate that states the repair is directly a result of transit damage. TV's, stereos, VCR's, microwaves, etc.

As repair exceeds purchase price, in addition to repair estimate provide an estimate from any dealer showing today's replacement cost on an exact---or similar---item.

As replacement is over \$100, you must provide a written estimate from any dealer or page copied out of a catalog showing replacement value on an exact---or similar---item.

As there is no inventory proof of "Hummel" ownership, please try to provide purchase receipts or pictures of the items taken in your home. As it is over \$100, need to obtain replacement estimate

Provide proof of payment to estimator (estimate must state "paid \$***.***" for estimate fee)

Taxes and drayage on items not yet purchased/repared will NOT be paid in advance.

PLEASE DO NOT GET ANY ITEM REPAIRED OR THROW ANY ITEM OUT WITHOUT THE PRIOR APPROVAL OF THE CLAIMS OFFICE

1. NAME OF CLAIMANT (Last, First, Middle Initial)

3. PICK-UP DATE
(MM/DD/YY)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

ITEMS 14 THROUGH 31 TO BE FILED OUT BY CLAIMS OFFICE

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

b. POLICY NO.

4. DELIVERY DATE
(MM/DD/YY)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR LIABLE

a. NAME

5. LINE NO.

7. LOST OR DAMAGED ITEMS
(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")

8. INV NO.

9. ORIGINAL COST

10. MM/YY PURCHASED

11. AMOUNT CLAIMED

a. REPAIR COST

b. (OR) REPL. COST

15. INVENTORY DATE
(MM/DD/YY)

16. EXCEPTIONS

18. EXCEPTION SHEET DATE
(MM/DD/YY)

19. INV NO.

20. EXCEPTIONS

23. GBL NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. WAREHOUSE LIABILITY

29. CARRIER LIABILITY

12. REMARKS

13. TOTAL AMOUNT CLAIMED

\$

30. TOTAL AMOUNT ALLOWED

\$

31. THIRD PARTY LIABILITY

\$

\$